

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

008118

EXHIBIT 4

Local No. 32-91-97

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-12-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) Sandra K. Stevens		2 SEX Female	3a TIME OF DEATH 7:00 A.	3b DATE OF DEATH (Month, Day, Year) Feb. 26, 1997
4 #SOCIAL #COUNTY NUMBER	5a AGE—Last Birthday (Year) 48	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) August 23, 1948
7 BIRTHPLACE (City and State or Foreign Country) Coshen, Indiana				
8a PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence				
9a FACILITY NAME (If not institution, give street or S number) 310 Wabash Street				
9b CITY/TOWN OR LOCATION OF DEATH Plainfield				
9c COUNTY OF DEATH Hendricks				
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) James A. Stevens	12a DECEASED'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Computer programmer/analyst		
12b KIND OF BUSINESS/INDUSTRY Hunt Corp.				
13a RESIDENCE—STREET Indiana	13b COUNTY Hendricks	13c CITY/TOWN OR LOCATION Plainfield	13d STREET AND NUMBER 310 Wabash Street	
13e ZIP CODE 46168	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 12 College (1-4 or 5+) 2				
18 FATHER'S NAME (First, Middle, Last) Gerald Leroy Isaacs				
19 MOTHER'S NAME (First, Middle, Last) Hope DeVere Johnson Raeder				
20a INFORMANT'S NAME (Type/Print) James A. Stevens				
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 310 Wabash St. Plainfield, Indiana 46168				
20c Relationship Spouse				
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____				
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 1, 1997 Maple Hill Cemetery				
21c LOCATION—City or Town, State Plainfield, Indiana				
22a EMBALMER'S NAME Gregory K. Monnett				
22b EMBALMER'S LICENSE NO. FD08700507				
23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a SIGNATURE OF FUNERAL DIRECTOR <i>Mark C. Baker</i>				
24b LICENSE NUMBER (of Licensee) FD29400072				
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hall-Baker Funeral Home #89200014 339 East Main Street Plainfield, IN 46168				
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of death. Breast Cancer 1 DUE TO (OR AS A CONSEQUENCE OF) 2 DUE TO (OR AS A CONSEQUENCE OF) 3 DUE TO (OR AS A CONSEQUENCE OF) 4 DUE TO (OR AS A CONSEQUENCE OF) 5 DUE TO (OR AS A CONSEQUENCE OF) 6 DUE TO (OR AS A CONSEQUENCE OF) 7 DUE TO (OR AS A CONSEQUENCE OF) 8 DUE TO (OR AS A CONSEQUENCE OF) 9 DUE TO (OR AS A CONSEQUENCE OF) 10 DUE TO (OR AS A CONSEQUENCE OF) 11 DUE TO (OR AS A CONSEQUENCE OF) 12 DUE TO (OR AS A CONSEQUENCE OF) 13 DUE TO (OR AS A CONSEQUENCE OF) 14 DUE TO (OR AS A CONSEQUENCE OF) 15 DUE TO (OR AS A CONSEQUENCE OF) 16 DUE TO (OR AS A CONSEQUENCE OF) 17 DUE TO (OR AS A CONSEQUENCE OF) 18 DUE TO (OR AS A CONSEQUENCE OF) 19 DUE TO (OR AS A CONSEQUENCE OF) 20 DUE TO (OR AS A CONSEQUENCE OF) 21 DUE TO (OR AS A CONSEQUENCE OF) 22 DUE TO (OR AS A CONSEQUENCE OF) 23 DUE TO (OR AS A CONSEQUENCE OF) 24 DUE TO (OR AS A CONSEQUENCE OF) 25 DUE TO (OR AS A CONSEQUENCE OF) 26 DUE TO (OR AS A CONSEQUENCE OF) 27 DUE TO (OR AS A CONSEQUENCE OF) 28 DUE TO (OR AS A CONSEQUENCE OF) 29 DUE TO (OR AS A CONSEQUENCE OF) 30 DUE TO (OR AS A CONSEQUENCE OF) 31 DUE TO (OR AS A CONSEQUENCE OF) 32 DUE TO (OR AS A CONSEQUENCE OF) 33 DUE TO (OR AS A CONSEQUENCE OF) 34 DUE TO (OR AS A CONSEQUENCE OF) 35 DUE TO (OR AS A CONSEQUENCE OF) 36 DUE TO (OR AS A CONSEQUENCE OF) 37 DUE TO (OR AS A CONSEQUENCE OF) 38 DUE TO (OR AS A CONSEQUENCE OF) 39 DUE TO (OR AS A CONSEQUENCE OF) 40 DUE TO (OR AS A CONSEQUENCE OF) 41 DUE TO (OR AS A CONSEQUENCE OF) 42 DUE TO (OR AS A CONSEQUENCE OF) 43 DUE TO (OR AS A CONSEQUENCE OF) 44 DUE TO (OR AS A CONSEQUENCE OF) 45 DUE TO (OR AS A CONSEQUENCE OF) 46 DUE TO (OR AS A CONSEQUENCE OF) 47 DUE TO (OR AS A CONSEQUENCE OF) 48 DUE TO (OR AS A CONSEQUENCE OF) 49 DUE TO (OR AS A CONSEQUENCE OF) 50 DUE TO (OR AS A CONSEQUENCE OF) 51 DUE TO (OR AS A CONSEQUENCE OF) 52 DUE TO (OR AS A CONSEQUENCE OF) 53 DUE TO (OR AS A CONSEQUENCE OF) 54 DUE TO (OR AS A CONSEQUENCE OF) 55 DUE TO (OR AS A CONSEQUENCE OF) 56 DUE TO (OR AS A CONSEQUENCE OF) 57 DUE TO (OR AS A CONSEQUENCE OF) 58 DUE TO (OR AS A CONSEQUENCE OF) 59 DUE TO (OR AS A CONSEQUENCE OF) 60 DUE TO (OR AS A CONSEQUENCE OF) 61 DUE TO (OR AS A CONSEQUENCE OF) 62 DUE TO (OR AS A CONSEQUENCE OF) 63 DUE TO (OR AS A CONSEQUENCE OF) 64 DUE TO (OR AS A CONSEQUENCE OF) 65 DUE TO (OR AS A CONSEQUENCE OF) 66 DUE TO (OR AS A CONSEQUENCE OF) 67 DUE TO (OR AS A CONSEQUENCE OF) 68 DUE TO (OR AS A CONSEQUENCE OF) 69 DUE TO (OR AS A CONSEQUENCE OF) 70 DUE TO (OR AS A CONSEQUENCE OF) 71 DUE TO (OR AS A CONSEQUENCE OF) 72 DUE TO (OR AS A CONSEQUENCE OF) 73 DUE TO (OR AS A CONSEQUENCE OF) 74 DUE TO (OR AS A CONSEQUENCE OF) 75 DUE TO (OR AS A CONSEQUENCE OF) 76 DUE TO (OR AS A CONSEQUENCE OF) 77 DUE TO (OR AS A CONSEQUENCE OF) 78 DUE TO (OR AS A CONSEQUENCE OF) 79 DUE TO (OR AS A CONSEQUENCE OF) 80 DUE TO (OR AS A CONSEQUENCE OF) 81 DUE TO (OR AS A CONSEQUENCE OF) 82 DUE TO (OR AS A CONSEQUENCE OF) 83 DUE TO (OR AS A CONSEQUENCE OF) 84 DUE TO (OR AS A CONSEQUENCE OF) 85 DUE TO (OR AS A CONSEQUENCE OF) 86 DUE TO (OR AS A CONSEQUENCE OF) 87 DUE TO (OR AS A CONSEQUENCE OF) 88 DUE TO (OR AS A CONSEQUENCE OF) 89 DUE TO (OR AS A CONSEQUENCE OF) 90 DUE TO (OR AS A CONSEQUENCE OF) 91 DUE TO (OR AS A CONSEQUENCE OF) 92 DUE TO (OR AS A CONSEQUENCE OF) 93 DUE TO (OR AS A CONSEQUENCE OF) 94 DUE TO (OR AS A CONSEQUENCE OF) 95 DUE TO (OR AS A CONSEQUENCE OF) 96 DUE TO (OR AS A CONSEQUENCE OF) 97 DUE TO (OR AS A CONSEQUENCE OF) 98 DUE TO (OR AS A CONSEQUENCE OF) 99 DUE TO (OR AS A CONSEQUENCE OF) 100 DUE TO (OR AS A CONSEQUENCE OF)				
26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27 WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO				
28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO				
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A				
29a CERTIFY (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Raymond Markham M.D.</i>				
29c MEDICAL LICENSE NO. 31621				
29d DATE SIGNED (Month, Day, Year) 3/3/97				
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Raymond Markham M.D. 5266 N. Meridian St. Indianapolis, Indiana 46222				
31 HEALTH OFFICER'S SIGNATURE <i>Donna</i>				
32 DATE FILED (Month, Day, Year) 3-3-97				
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide				
34a DATE OF INJURY (Month, Day, Year)				
34b TIME OF INJURY				
34c INJURY AT WORK? (Yes or no)				
34d DESCRIBE HOW INJURY OCCURRED				
34e PLACE OF INJURY—At home (from street, factory, office, building, etc.) (Specify)				
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)				
34g DATE PRONOUNCED DEAD (Month, Day, Year)				
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1



THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE
WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

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